



THE MUSIC SOCIETY of ST. HELEN'S

MUSIC SCHOOL APPLICATION

Parent First Name:		Parent Surname:	
Email:		Phone No:	
Address:			
City:		PCode:	
Student First Name:		Student Last Name:	
Instrument Interested in:	<input type="checkbox"/> Alto Sax	<input type="checkbox"/> Cymbals	
	<input type="checkbox"/> Baritone	<input type="checkbox"/> Tenor Sax	
	<input type="checkbox"/> Snare	<input type="checkbox"/> Trombone	
	<input type="checkbox"/> Clarinet	<input type="checkbox"/> Trompa-Eb Horn	
	<input type="checkbox"/> Flute	<input type="checkbox"/> Trumpet	
	<input type="checkbox"/> French Horn	<input type="checkbox"/> Tuba	
	<input type="checkbox"/> Percussion	<input type="checkbox"/> Xylophone	
	<input type="checkbox"/> Piccolo		
Please choose the best way for us to contact you: <input type="checkbox"/> By Phone <input type="checkbox"/> By Email			
What is the best Time to Reach you? <input type="checkbox"/> Any <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
In Case of Emergency contact:		Relationship to student:	
Phone No:		Cell:	
Notes: (Will be kept confidential)			